L2200000027491

500400172585

dissociation
or resignation of
mem/mgr

01/09/23--01035--018   **25.00

2023 JAN -9 PM12 01
SECRETARY OF STATE
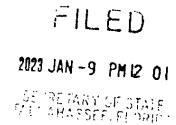TALLAHASSEE, FLORIDA

FILED

A. RAMSEY

MAR 2 1 2023

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: The Event Architects, LLC
_____
              (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Susan D. Stafford
_____
              (Contact Person)

The Event Architects
_____
              (Firm/Company)

3046 Hawks Glen
_____
              (Address)

Tallahassee, FL 32312
_____
              (City/State and Zip Code)

For further information concerning this matter, please call:

Susan D. Stafford   850   545-8425
_____   at (_____) _____
      (Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                              Tallahassee, FL 32303

CR2E079 (2 14)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

   The Event Architects, LLC

   of State is: _____.

2. The Florida document/registration number assigned to this limited liability company is:

   L22000027491
   _____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **January 1, 2023** _____

4. I, **Jennifer Dooley**
   _____, hereby withdraw/resign as a
   (Print Name of Person Resigning)

   Manager & Co-Owner
   _____.
   (Print Title)

   of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

   _____
   Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (2-14)